

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231450

Entity Name: LOST TREE VILLAGE CORPORATION**Current Principal Place of Business:**11300 US HIGHWAY 1
SUITE 100
PALM BEACH GARDENS, FL 33408**Current Mailing Address:**11300 US HIGHWAY 1
SUITE 100
PALM BEACH GARDENS, FL 33408 US**FEI Number:** 59-0947833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STONE, HELEN E
11300 US HIGHWAY 1
SUITE 100
PALM BEACH GARDENS, FL 33408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VD
Name SHAFFER-BIGGS, MARGARET
Address 3399 PGA BLVD., STE 260
City-State-Zip: PALM BEACH GARDENS FL 33410Title STD
Name CROSBY, SHEILA B
Address 3399 PGA BLVD.,STE 260
City-State-Zip: PALM BEACH GARDENS FL 33410Title V
Name STEVENS, CHARLES
Address 3399 PGA BLVD., STE 260
City-State-Zip: PALM BEACH GARDENS FL 33410Title AS
Name STEVENS, CHARLES
Address 3399 PGA BLVD., STE 260
City-State-Zip: PALM BEACH GARDENS FL 33410Title P
Name BAYER, CHARLES MJR
Address 3399 PGA BLVD., STE 260
City-State-Zip: PALM BEACH GARDENS FL 33410Title CD
Name STONE, HELEN E
Address 3399 PGA BLVD., STE 260
City-State-Zip: PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES STEVENS

VICE PRESIDENT

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date